



2021 Form IL-1041

Fiduciary Income and Replacement Tax Return

Due on or before the 15th day of the 4th month following the close of the tax year.



If this return is not for calendar year 2021, enter your fiscal tax year here.

Tax year beginning _____ 20____, ending _____ 20____
month day year month day year

Enter the amount you are paying.



This form is for tax year ending on or after December 31, 2021, and before December 31, 2022. For all other situations, see instructions to determine the correct form to use.

\$ _____

Step 1: Identify your fiduciary

A Enter your complete legal business name.
If you have a name change, check this box.

Name: _____

B Enter your mailing address.
Check this box if either of the following apply:
• this is your **first return**, or
• you have an **address change**.

C/O: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

C Check the box that identifies your fiduciary. Trust Estate

D Check the box if any of the following apply. (You may check multiple boxes.)
 Electing small business trust (ESBT) Individual bankruptcy estate
 Complex trust without distributions

E If this is the first or final return, check the applicable box(es).
 First return
 Final return (Enter the date of termination. ____ / ____ / ____)
mm dd yyyy

F Check your method of accounting.
 Cash Accrual Other _____

G Enter your federal employer identification number (FEIN). _____ - _____

H Check this box if you completed federal Form 8886 and **attach** a copy to this return.

I Check this box if your residency is not in Illinois and you attached Illinois Schedule NR.

J Check this box if you attached Illinois Schedule 1299-D.

K Check this box if you attached Form IL-4562.

L Check this box if you attached Illinois Schedule M (for businesses).

M Check this box if you attached Schedule 80/20.

N If you are making a discharge of indebtedness adjustment on Line 28, check this box and **attach** federal Form 982 and a detailed statement to your return.

O Check this box if you are a 52/53 week filer.

Step 2: Figure your income or loss

Attach your payment and Form IL-1041-V here.

| | A Beneficiaries (Whole dollars only) | B Fiduciary (Whole dollars only) |
|---|---|---|
| 1 Federal taxable income from U.S. Form 1041, Line 23. | | 1 _____ .00 |
| 2 Federal net operating loss deduction from U.S. Form 1041, Line 15b. This amount cannot be negative. | | 2 _____ .00 |
| 3 Taxable income of ESBT, if required. See instructions. | | 3 _____ .00 |
| 4 Exemption claimed on U.S. Form 1041, Line 21. | | 4 _____ .00 |
| 5 Illinois income and replacement tax and surcharge deducted in arriving at Line 1. | 5a _____ .00 | 5b _____ .00 |
| 6 State, municipal, and other interest income excluded from Line 1. | 6a _____ .00 | 6b _____ .00 |
| 7 Illinois Special Depreciation addition. Attach Form IL-4562. | 7a _____ .00 | 7b _____ .00 |
| 8 Related-Party Expenses addition. Attach Schedule 80/20. | 8a _____ .00 | 8b _____ .00 |
| 9 Distributive share of additions. Attach Schedule(s) K-1-P or K-1-T. | 9a _____ .00 | 9b _____ .00 |
| 10 Other additions. Attach Illinois Schedule M (for businesses). | 10a _____ .00 | 10b _____ .00 |
| 11 Add Column B, Lines 1 through 10b. This amount is your income or loss. Report Column A, Lines 5a through 10a, on Schedule K-1-T, Step 5. | | 11 _____ .00 |

IR NS DR _____

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty.



Step 3: Figure your base income or loss

| | A Beneficiaries | B Fiduciary |
|---|--------------------|----------------|
| 12 Enter the amount of your income or loss from Line 11. | | 12 _____ .00 |
| 13 August 1, 1969, valuation limitation amount. Attach Schedule F. | 13a _____ .00 | 13b _____ .00 |
| 14 Payments from certain retirement plans. See instructions. | 14a _____ .00 | 14b _____ .00 |
| 15 Interest income from U.S. Treasury and other exempt federal obligations. | 15a _____ .00 | 15b _____ .00 |
| 16 Retirement payments to retired partners. | 16a _____ .00 | 16b _____ .00 |
| 17 River Edge Redevelopment Zone Dividend subtraction. Attach Schedule 1299-B. | 17a _____ .00 | 17b _____ .00 |
| 18 High Impact Business Dividend subtraction. Attach Schedule 1299-B. | 18a _____ .00 | 18b _____ .00 |
| 19 Contributions to certain job training projects. See instructions. | 19a _____ .00 | 19b _____ .00 |
| 20 Illinois Special Depreciation subtraction. Attach Form IL-4562. | 20a _____ .00 | 20b _____ .00 |
| 21 Related-Party Expenses subtraction. Attach Schedule 80/20. | 21a _____ .00 | 21b _____ .00 |
| 22 Distributive share of subtractions. Attach Schedule(s) K-1-P or K-1-T. | 22a _____ .00 | 22b _____ .00 |
| 23 ESBT loss amount. See instructions. | 23a _____ .00 | 23b _____ .00 |
| 24 Other subtractions. Attach Illinois Schedule M (for businesses). | 24a _____ .00 | 24b _____ .00 |
| 25 Total subtractions. Add Column B, Lines 13b through 24b. Report Column A, Lines 13a through 24a, on Schedule K-1-T, Step 5. | | 25 _____ .00 |
| 26 Base income or loss. Subtract Line 25 from Line 12. | | 26 _____ .00 |



If you are a nonresident of Illinois, complete Schedule NR; otherwise go to Step 4.

Step 4: Figure your net income

| | | |
|---|--------------|--------------|
| 27 Base income or net loss. Residents only: Enter the amount from Line 26. Nonresidents only: Enter the amount from Schedule NR, Line 51. | | 27 _____ .00 |
| 28 Discharge of indebtedness adjustment. Attach federal Form 982. See instructions. | | 28 _____ .00 |
| 29 Adjusted base income or net loss. Add Lines 27 and 28. | | 29 _____ .00 |
| 30 Illinois net loss deduction. If Line 29 is zero or a negative amount, enter zero. | | 30 _____ .00 |
| 31 Standard exemption. Residents only: See instructions before completing. Nonresidents only: Enter the amount from Schedule NR, Line 54. | 31 _____ .00 | |
| 32 Add Lines 30 and 31. | | 32 _____ .00 |
| 33 Net Income. Subtract Line 32 from Line 29. If the amount is negative, enter zero. | | 33 _____ .00 |

Step 5: Figure your net replacement tax — For trusts only, estates go to Step 6

| | | |
|--|--------------|--------------|
| 34 Replacement tax. Multiply Line 33 by 1.5% (.015). | | 34 _____ .00 |
| 35 Recapture of investment credits. Attach Schedule 4255. | | 35 _____ .00 |
| 36 Replacement tax before credits. Add Lines 34 and 35. | | 36 _____ .00 |
| 37 Replacement tax credit for income tax paid to another state while an Illinois resident. Attach Schedule CR and U.S. Form 1041, Page 1 and Line 11 breakdown. | 37 _____ .00 | |
| 38 Investment credits. Attach Form IL-477. | 38 _____ .00 | |
| 39 Total credits. Add Lines 37 and 38. | | 39 _____ .00 |
| 40 Net replacement tax. Subtract Line 39 from Line 36. If the amount is negative, enter zero. | | 40 _____ .00 |



Step 6: Figure your net income tax — For trusts and estates

Table with 2 columns: Description and Amount. Rows 41-48 detailing net income tax calculation.

Step 7: Figure your refund or balance due

Table with 2 columns: Description and Amount. Rows 49-59 detailing refund or balance due calculation.

Form 60: Complete to direct deposit your refund. Includes fields for Routing Number, Account Number, and checkboxes for Checking or Savings.

Table with 2 columns: Description and Amount. Row 61: Tax Due. Includes instructions for electronic payment.

Special Note: Enter the amount of your payment on the top of Page 1 in the space provided.

Step 8: Sign below - Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Signatures and preparer information section. Includes fields for Sign Here, Paid Preparer Use Only, and checkboxes for Department of Revenue discussion and self-employed status.

- ▶ If a payment is not enclosed, mail this return to: Illinois Department of Revenue, P.O. Box 19009, Springfield, IL 62794-9009
▶ If a payment is enclosed, mail this return to: Illinois Department of Revenue, P.O. Box 19053, Springfield, IL 62794-9053



Illinois Department of Revenue
2021 Schedule D

Beneficiary Information

Attach this schedule to your Form IL-1041.



Year ending

Month Year

IL Attachment No. 1

Enter your name as shown on your Form IL-1041.

Enter your federal employer identification number (FEIN).



Read this information first

- You must read the Schedule D instructions and complete Schedule(s) K-1-T and Schedule(s) K-1-T(3) before completing this schedule.
You must complete Section B of Schedule D and provide all the required information for your beneficiaries before completing Section A of Schedule D.



Failure to follow these instructions may delay the processing of your return or result in you receiving further correspondence from the Department. You may also be required to submit further information to support your filing.

Section A: Total members' information (from Schedule(s) K-1-T and Schedule D, Section B)



Before completing this section you must first complete Schedule(s) K-1-T, Schedule(s) K-1-T(3) and Schedule D, Section B. You will use the amounts from those schedules when completing this section.

Totals for resident and nonresident beneficiaries (from Schedule(s) K-1-T)

1 Enter the total of all nonbusiness income or loss you reported on Schedule(s) K-1-T for your members. See instructions. 1

Totals for nonresident beneficiaries (from Schedule D, Section B)

2 Enter the total pass-through withholding you reported on all pages of your Schedule D, Section B, Column G for your nonresident individual members. See instructions. 2

3 Enter the total pass-through withholding you reported on all pages of your Schedule D, Section B, Column G for your nonresident estate members. See instructions. 3

4 Enter the total pass-through withholding you reported on all pages of your Schedule D, Section B, Column G for your partnership and S corporation members. See instructions. 4

5 Enter the total pass-through withholding you reported on all pages of your Schedule D, Section B, Column G for your nonresident trust members. See instructions. 5

6 Enter the total pass-through withholding you reported on all pages of your Schedule D, Section B, Column G for your C corporation members. See instructions. 6

7 Add Line 2 through Line 6. This is the total pass-through withholding you owe on behalf of all your nonresident beneficiaries. This amount should match the total amount from Schedule D, Section B, Column G for all nonresident beneficiaries on all pages. Enter the total here and on Form IL-1041 (Form IL-1041-X), Line 53. See instructions. 7

Attach all pages of Schedule D, Section B behind this page.

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Enter your name as shown on your Form IL-1041

Enter your federal employer identification number (FEIN)

Section B: Members' information (See instructions before completing.)

| | A | B | C | D | E | F | G | H |
|----------|---|------------------|-------------|--|--|--|---------------------------------|---------------------------------------|
| | Name and Address | Beneficiary type | SSN or FEIN | Beneficiary's amount of base income or loss (See instr.) | Excluded from pass-through withholding | Share of Illinois income subject to pass-through withholding | Pass-through withholding amount | Pass-through entity tax credit amount |
| 1 | Name _____ C/O _____ Address 1 _____ Address 2 _____ City _____ State _____ ZIP _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| | <i>See instructions before completing Columns E through H.</i> | | | | | | | |
| 2 | Name _____ C/O _____ Address 1 _____ Address 2 _____ City _____ State _____ ZIP _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 3 | Name _____ C/O _____ Address 1 _____ Address 2 _____ City _____ State _____ ZIP _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 4 | Name _____ C/O _____ Address 1 _____ Address 2 _____ City _____ State _____ ZIP _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 5 | Name _____ C/O _____ Address 1 _____ Address 2 _____ City _____ State _____ ZIP _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |